



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 4-21-08 To 5-26-08

1. Committee I.D. Number

4. Committee's Mailing Address

18905 England Dr.

Macomb, MI 48042

Area Code and Phone 586-203-8633

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

2. Committee Name

Protect Our Future Macomb

5. Treasurer's Name and Residential Address

Nathan Hlain
18905 England Dr
Macomb, MI 48042

Area Code and Phone 586-203-8633

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

8d. ☐ ANNUAL STATEMENT
(Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☒ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/We certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

NATHAN HLAJIN

Date

7/10/08

Designated Record Keeper

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Macomb

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ 1200	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$ 1200	(20.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 1200	
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-1K, Column 7)	(6a.) \$ 2349	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 2349	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 2349	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ 2349	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 2349	(24.) \$
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1108.85	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 1200.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 2308.85	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 2349.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 40.15	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 138023

2. Committee Name PROTECT OUR FUTURE MICHIGAN

3. Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
<p>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</p> <p>Contribution # 1 PAC Receipt? <input type="checkbox"/> YES</p> <p>Name & Address: NATHAN HLAVIN 18905 ENGLAND DR MACOMB TOWNSHIP 48042</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: CIBER, INC 4000 TOWN CENTER, SUITE 1400 SOUTHFIELD, MI</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>5. Date of Receipt</p> <p>6. Name & Address of Vendor from whom goods or services were purchased</p> <p>4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN</p> <p>Description <u>VOTER DATA</u></p> <p>5. DATE OF RECEIPT: <u>4/22/08</u></p> <p>6. VENDOR NAME & ADDRESS: DATA GEN 4940 CAMPUIS DR #8 NEWPORT BEACH CA 92660</p>	<p>\$ <u>550</u></p> <p>Click Here for Memo Itemization Type</p>	
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> YES</p> <p>Name & Address: NATHAN HLAVIN 18905 ENGLAND DR MACOMB TOWNSHIP 48042</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: CIBER INC 4000 TOWN CENTER SUITE 1400 SOUTHFIELD MI 48042</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN</p> <p>Description <u>ROBO CALLING</u></p> <p>5. DATE OF RECEIPT: <u>4/26/08</u></p> <p>6. VENDOR NAME & ADDRESS: KNISK CALL 1925 E. 17TH ST #2 BROOKLIN NY 11229</p>	<p>\$ <u>1799</u></p> <p>Click Here for Memo Itemization Type</p>	
<p>Contribution # 3 PAC Receipt? <input type="checkbox"/> YES</p> <p>Name & Address: NATHAN HLAVIN 18905 ENGLAND MACOMB TOWNSHIP 48042</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: CIBER INC 4000 TOWN CENTER SUITE 1400 SOUTHFIELD MI</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN</p> <p>Description <u>PONDRAISCU</u></p> <p>5. DATE OF RECEIPT: _____</p> <p>6. VENDOR NAME & ADDRESS: _____</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>	

Page Subtotal

2349

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

2349

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Macomb

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB MI 48042 4. Purpose: <u>REIMBURSEMENT VOTER PATA</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>COUNTY CHARTER</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/14/08</u> Date	<u>\$ 550</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #2 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TOWNSHIP 4. Purpose: <u>REIMBURSEMENT BOBO CALL</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/14/08</u> Date	<u>\$ 1799</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #3 Name & Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____ \$ _____	Click Here for Memo Itemization Type
Expenditure #4 Name & Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____ \$ _____	Click Here for Memo Itemization Type

Subtotal this page

2349

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

2349

Enter this total
on line 8a of the
Summary Page